

# EXHIBIT "4"



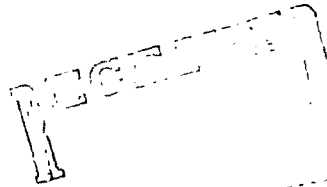
# STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Richard F. Daines, MD  
Commissioner  
Commissioner

Wendy E. Saunders  
Executive Deputy



BY: \_\_\_\_\_

January 12, 2011

**CERTIFIED MAIL- RETURN RECEIPT REQUESTED  
PERSONAL AND CONFIDENTIAL**

Daniel Cameron, MD  
657 Main Street  
Mount Kisco, NY 10549

Re: OPMC# CR-08-04-2288-A  
CR-08-08-5008-A  
CR-10-03-2010-A  
CR-10-08-5079-A

Dear Dr. Cameron:

As outlined in the Office of Professional Medical Conduct Information for Licensees which was previously provided to you, attached is a report of the interview that was completed with you by December 13, 2010 in person at the Office of Professional Medical Conduct, 90 Church Street, New York, NY.

Please review the report for accuracy. If any discrepancies are noted, you must inform this office in writing as soon as possible. If you have any questions, please contact me at (518) 408-0216.

Sincerely,

Patrick Sullivan  
Medical Conduct Investigator  
Office of Professional Medical Conduct

Enclosure

cc: William L. Wood, Jr. Esq.

NEW YORK STATE DEPARTMENT OF HEALTH  
OFFICE OF PROFESSIONAL MEDICAL CONDUCT

REPORT OF INTERVIEW

**SUBJECT:** DANIEL CAMERON, MD  
**FILE#:** CR-08-04-2288-A  
CR-08-08-5008-A  
CR-10-03-2010-A  
CR-10-08-5079-A  
**INTERVIEW OF:** DANIEL CAMERON, MD  
**DATE OF INTERVIEW:** SEPTEMBER 14, 2010 AND DECEMBER 13, 2010  
**BY:** MEDICAL COORDINATOR BURT MEYERS, MD  
NURSE INVESTIGATOR (NI) PATRICK SULLIVAN

DANIEL CAMERON, MD was interviewed in person at the Office of Professional Medical Conduct (OPMC) at 90 Church Street, New York, NY, on Tuesday, September 14, 2010 beginning at 09:40 AM and ending at 06:15PM, and on Monday, December 13, 2010 beginning at 11:10AM and ending at 3:40PM. On both dates Health Department staff members in attendance were BURT MEYERS, MD and PATRICK SULLIVAN, RN. CAMERON was accompanied by his attorney, WILLIAM WOOD, Jr., Esq.

The OPMC process was reviewed with CAMERON and he was informed that he could provide a written response to the allegations if he wished. CAMERON confirmed that he had received the informational brochure entitled "Information for Licensees" and said that he had no questions. CAMERON's education, training, experience, and professional data were reviewed.

CAMERON confirmed his date of birth-03/12/54, social security number-477-70-0496, and that he graduated in 1981 with his medical degree from the University of Minnesota Medical School. After graduating from medical school CAMERON completed an internship/residency in Internal Medicine at Beth Israel Medical Center, NY ending in 1985. CAMERON said he also completed one year residency in Preventative Medicine at Mount Sinai Medical Center. CAMERON is currently board certified in Internal Medicine, and is affiliated with Northern Westchester Hospital in Mount Kisco, NY and has an affiliation with non-admitting privileges at Burke Rehabilitation Center, White Plains, NY. CAMERON said his practice is located at 657 Main Street, Mount Kisco, NY, 10549, telephone number (914) 666-4665. CAMERON said employed at the practice are staff members that include a nurse practitioner, two physician assistants, a medical assistant, an office manager and two receptionists. CAMERON provided his home address as 11 Green Lane, Chappaqua, NY, 10514 and home telephone as (914) 238-0661. CAMERON stated that he is solo practice, seeing adolescent and adult patients. While he is a general internist, CAMERON reported that 50-60 percent of the patients are treated for Lyme disease.

CAMERON had with him for the interviews his office records for P [REDACTED] F [REDACTED]  
M [REDACTED] S [REDACTED] A [REDACTED] R [REDACTED] G [REDACTED] C [REDACTED] D [REDACTED]  
I [REDACTED] H [REDACTED], E [REDACTED] W [REDACTED] R [REDACTED] J [REDACTED] and I [REDACTED] K [REDACTED]  
I

Initially discussed was CAMERON's care and treatment rendered to F [REDACTED] for the period August 2006 through October 2006 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. MEYERS noted that on the first visit 8/11/06 a very long note was written by a PA (to be named). MEYERS asked what was the chief complaint and CAMERON said it was "not written because of multiple complaints." Though the Lyme test was negative the impression written was Lyme Disease. MEYERS noted that in the physical examination (PE) there was no pulse or temperature noted, and no examination of the abdomen by the PA. MEYERS asked if CAMERON examined the patient and he did not recall and agreed there was no documentation of a PE. MEYERS asked if he recalled if he discussed care with PA and he did not remember; also he admitted when asked that he did not discuss case with primary care physician (PCP). MEYERS asked "where is your diagnosis?" and CAMERON said it was not written. MEYERS asked if there was any differential diagnosis (DDX) and he stated the PA wrote "headache, migraines and Lyme." CAMERON stated he did not order any tests since the other MD had sent the records. MEYERS asked when he got the records including lab tests and he said he "did not know." MEYERS asked why continue therapy with a negative Lyme test and he responded "a prior physician thought it was Lyme and given clinical results it seemed reasonable to continue." MEYERS asked if F [REDACTED] had any signs of diseases and CAMERON said no. On the 9/12/06 visit MEYERS asked if he examined the patient? CAMERON stated "I typically do." MEYERS stated there was no note written. Was there any DDX? CAMERON said no. He claimed it was a "Focus visit." MEYERS asked again why did you continue Ampicillin; he said F [REDACTED] had a response and had not resolved her illness." Again MEYERS asked were there any signs of disease and CAMERON said "no." MEYERS asked what would be the resolution of the illness? CAMERON wrote headaches infrequent, memory and concentration gain." MEYERS asked what was the word gains based on; MEYERS noted there were no tests of memory or concentration. CAMERON asked the patient "how is your memory, and concentration?" On the October 10th note by the PA he wrote "flare up x 2 weeks of Lyme Disease and continued Amoxicillin x 1 month". There was no physical examination by the PA or CAMERON at this time nor were any lab tests ordered. MEYERS noted the patient complained of "tingling" and CAMERON said this could emerge as an important symptom "not yet ready for neuro consult." MEYERS asked about the diarrhea and he stated F [REDACTED] was taking probiotics e.g. Acidophilus but this was not documented. MEYERS asked at this time were there any signs of disease or any differential diagnoses and CAMERON's answer was no to both. MEYERS asked why did "you continue therapy in the presence of multiple negative Lyme tests?" CAMERON stated that in his "actual practice" his patients were people who did not meet the CDC criteria, and were not included in clinical trials. MEYERS then asked "in a patient with negative Lyme tests and no signs of disease how did you know these patients had Lyme disease? He said "he made a clinical judgement". CAMERON admitted he "never saw a positive Lyme test. and never spoke to PCP who treated without a positive test." MEYERS remarked "did you feel she had Lyme disease at this time though you never did a test? MEYERS asked CAMERON to look at the lab tests and asked was anything edimentation rate and noted it was a - (normal). CAMERON stated "while it can occur in normal people it is common in Lyme disease."

Next discussed was CAMERON's care and treatment rendered to V [REDACTED] for the period February 2008 through March 2008 including but not limited to the diagnosis of Lyme disease, differential

diagnosis and treatment. V [REDACTED] was first seen on 2/19/08. There is a note written by the PA. The vital signs did not record a temperature, nor did the physical examination have an abdominal exam and nothing was written about an examination of the joints. The PA did note the patient complained of pain in the back, waist, muscles, abdomen etc. The PA wrote positive diagnosis Lyme Disease three weeks ago. There is no note by CAMERON on that visit and therefore no physical examination documented. MEYERS asked CAMERON if he spoke to VELE's physician DILLARD ELMORE, MD who made a diagnosis of LYME Disease, and he said no. MEYERS asked was there a positive LYME test and CAMERON was not sure. MEYERS asked if CAMERON had a DDX - "none was written." MEYERS and CAMERON noted the ESR was high 50 and CAMERON stated "not typical Lyme." MEYERS asked "how did you arrive at a diagnosis of Lyme Disease?" CAMERON stated there was a history of positive test stated by V [REDACTED] and "could have been a clinical diagnosis." He noted that three weeks prior ELMORE "began therapy for LYME and also gave steroids." MEYERS asked why CAMERON continued Doxycycline for another month? "Lyme was considered as part of the clinical picture; MEYERS pointed out that this therapy would now equal a total of 7 weeks. MEYERS asked what this was based on? CAMERON stated that in his patients that don't meet the requirements for clinical trials, in clinical practice longer therapy has been effective." He admitted "these are not the CDC recommendations." The next visit was on 3/18/08 and the impression was "Lyme Disease" and Doxycycline was ordered for another 3-4 weeks (total 10-11 weeks of therapy). MEYERS asked if there were any other DDX and CAMERON stated the following, "Fibromyalgia, Chronic Fatigue, ALS, MS, Migraine, Sleep Apnea, vasculitis etc, MEYERS pointed out that none of this was written, and that CAMERON admitted he did not do a physical examination. When asked about the lab tests from ELMORE, he stated he did not know when he received them. MEYERS and CAMERON reviewed the tests for Lyme and CAMERON stated these "were not positive Lyme tests," and that is why he did not do the CDC recommendation of a Western Blot (WB) Test when the results were deemed equivocal. MEYERS noted that the record does not indicate if you saw "these tests while caring for the patient." MEYERS noted the ESR was 131, but CAMERON stated the last one was 60 - and there might be other reasons for this elevation. MEYERS noted that CAMERON ordered IV Rocephin. MEYERS asked what is the evidence that this will be effective after 11 weeks of therapy with the antibiotics?" CAMERON said "to give it if clinical presentation persists. CAMERON stated that "chronic neurologic Lyme" discussed in a paper in the New England Journal of Medicine in 1990, had patients with the same clinical picture and that two weeks of IV antibiotic therapy was effective in 2/3 of patients treated," and the majority of these patients had been previously treated. These and other papers subsequently were requested by MEYERS. MEYERS noted that the CDC guidelines stated that more than one month of therapy has not proven to be effective. CAMERON stated "science was a dialogue and "what to do with complicated patients that don't meet the rigid guidelines". MEYERS asked if V [REDACTED] had any signs of Lyme Disease; CAMERON said none defined by the CDC criteria. MEYERS said what about any criteria for any disease; he suggested "chronic neurologic Lyme Disease." MEYERS asked what criteria from chronic neurologic Lyme Disease did V [REDACTED] have? CAMERON responded 'fatigue, disturbed sleep, memory loss, sadness, crying, ears ringing, back pain, parenthesis, joint and muscle pain."

Next discussed was CAMERON's care and treatment rendered to B [REDACTED] for the period June



1998 through 2006 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. B [REDACTED] first visit was on 6/8/98 for a Lyme evaluation. There is an extensive note by a PA who stated B [REDACTED] was Lyme "sero positive in 1997, with Bull's Eye Rash and reviewed therapy - including oral and IV Rocephin prior to this visit. BANGS was seen at Westchester County Medical Center where a diagnosis of fibromyalgia was made and there are notes of 12 weeks of IV Rocephin (in 2 courses, "after a severe relapse" which is not explained. There are no vital signs and the physical examination by the PA is only of the heart and lungs, and is very sparse. The impression by the PA is Lyme, sero + and headache etc. There is no physical examination by CAMERON, only a note discussing "consider Zithromax, - Bicillin and continue Ceflin (total 4 weeks)." CAMERON was asked if there was any DDX and he said none written, but offered again all the choices stated in the interview of VELE (See above). The next visit was on 6/29/98 and no PE by CAMERON; again diagnosis is sero + Lyme test and Ceflin was ordered for two more weeks. On 9/25/98 there was no physical by either the PA or CAMERON. It was noted there was no sero positive Lyme test found. CAMERON said that the sero positive may have been from prior PCP. MEYERS asked if he spoke to B [REDACTED] PCP since there was no record, CAMERON did not respond. On 10/7/98, again no physical exam by PA or CAMERON. Lab tests were ordered including Lyme. Zithromax was ordered for Lyme Disease - MEYERS asked was this chronic Lyme Disease? CAMERON stated he did not use the word chronic, just Lyme disease. CAMERON agreed there was nothing for acute Lyme disease. MEYERS asked were there any signs of disease and CAMERON said none. Of note all the Lyme tests were negative. CAMERON said these Lyme tests may be sero negative due to prior therapy. MEYERS noted, and CAMERON agreed there were no calls to PCP regarding positive Lyme tests and that there were no positive Lyme tests in the record from the prior doctor. On 10/28 the impression again was Lyme, "frequent flare ups." Again there were no physical examinations by either the PA or CAMERON. Bicillin 1.2 million q weekly was ordered and MEYERS asked why? CAMERON stated BANGS failed first line therapy, e.g. oral and then IV and clinical judgment was for Bicillin. CAMERON stated there was data in the literature for IM Bicillin vs. placebo. MEYERS asked if in this study there were prior failures, stated the therapy with Bicillin for 6 months q weekly was in the literature for two cases. MEYERS asked again about any signs of disease in B [REDACTED] and he said none. From 11/04 to 6/2/09 there were weekly visits for the Bicillin IM shots. On all of these visits there were no physical examinations, and no signs of disease noted. B [REDACTED] was given Zoloft, and the dose was increased. On Sept 9/10/99 Bicillin was restarted at 1.2 million units and increased to 2.4 million q weekly. MEYERS asked why and CAMERON responded clinical judgement. MEYERS asked if there was an DDX and he said none written, but it was the same answer (see above VELE). MEYERS asked if CAMERON considered a psychiatric consult since B [REDACTED] was not responding to treatment. CAMERON said neuro psychiatric issues were common in "Lyme Disease." On October 7, 1999 CAMERON did not see patient. (No note was written). There was a physical exam by the PA who wrote for lab tests and ordered 2.4 million of Bicillin again q weekly. MEYERS asked why the double dose and CAMERON said he wanted higher tissue levels. MEYERS asked what did he want to get in the tissue and he said "some infection that had not resolved." MEYERS asked what data was there for this statement e.g., were there biopsies, cultures, histological evidence, and were there any signs of disease to warrant therapy and now the higher dose? CAMERON stated there is literature in patients with no signs that have histological and culture evidence; there are strains of the organism that persisted.

CAMERON said there was complexity in this delayed treatment, discussed in the literature. From 11/09 till 6/13/00 BANGS is given weekly shots of 2.4 million unit weekly for 1 year. On one of these visits there is a physical exam. On 6/13/00 B [REDACTED] was switched to oral Ceftin. MEYERS asked why, and CAMERON said this was a complex patient. MEYERS asked if CAMERON considered stopping antibiotics, and he said yes, but continued it anyway. MEYERS asked if there were signs of disease, and CAMERON said "no signs of disease." BANGS was on Ceftin to 6/9/00. On the 11/4/99 visit the patient said "feels like my brain is floating in poison." MEYERS asked about this comment and CAMERON said as a PCP he hears patients make odd statements. MEYERS suggested this sounded like a "psychotic type statement." On 9/8/00 a third sequence of Bicillin was begun; when asked why, CAMERON said "based on personal experience." On 9/24/01 B [REDACTED] had received three years of Bicillin weekly shots. CAMERON discussed the Klempner study which he "said was not favorable." Years later BANGS was still on Bicillin and was given Ceftin because she went on vacation see note of 7/13/05. Again on 3/1/06 was started on Doxycycline for Lyme infection. MEYERS then stated the patient had five years of therapy with no confirmed Lyme tests.

Next discussed was CAMERON's care and treatment rendered to R [REDACTED] for the period January 1997 through February 2004 including but not limited to diagnosis of Lyme disease, differential diagnosis and treatment of Lyme disease and complaints of pain and prescribing practices. RASO's first visit was on 1/28/97 with a chief complaint of leg pain. When seen by CAMERON there is a 4 page note which mentions multiple symptoms, including joint pain, and numbness in the feet. MEYERS noted that the examination did not have either a neurological or muscular skeletal exam, noting that the joints were not examined. MEYERS asked why the narcotics and CAMERON said R [REDACTED] was on these drugs for pain. CAMERON's diagnosis was sero negative Lyme disease (secondary to prior Bactrim therapy); a variety of lab test were ordered. On 2/24/97 R [REDACTED] was on MS Contin and Ampicillin was ordered, and R [REDACTED] was given Paxil. Doxycycline was ordered. On April 10th, Rocephin IV was ordered. On 5/15/97 a Lyme PCR was ordered, but the results were not found. On 5/23/97, it was noted RASO was on Xanax, Paxil, and the narcotics. At this time MEYERS noted R [REDACTED] was on double therapy with Doxycycline and Rocephin, CAMERON said "he was uncomfortable with both". MEYERS asked why did you do it, and he responded "I don't know?" In June 1997, R [REDACTED] was still on the combination of antibiotics. On July 7, Bicillin was begun. On 7/23 /97, R [REDACTED] was on Morphine, Percocet, Compazine, and Paxil. CAMERON noted RASO's symptoms the last two weeks were much worse "with joint pain in ankles, knees, hips, and muscle pains severe." There was no physical examination. Doxycycline was discontinued and IV Rocephin 2 grams was continued. On 8/8/97 CAMERON noted improvement, and decided to start IM Bicillin. MEYERS asked why and CAMERON stated that R [REDACTED] had reached therapeutic goals like "better' nervous system, joint pain improved," but fatigue and joint pain persisted." In October 97 it was noted that R [REDACTED] was going to pain management clinic. In November 1997 Zithromax was added to the Bicillin. MEYERS asked if there was data for two drug therapy and if two drugs were better than one and CAMERON said the "work of Dr. SAM DONTA." On 3/20/98 double therapy with weekly Bicillin and Zithromax for Lyme was ongoing. CAMERON wrote the Percocet dose though R [REDACTED] was under the care of the pain management team. On 8/14/98 the note reads "Lyme remains severe, quite sick" and double therapy was continued. MEYERS asked if this severe illness was only by symptoms and CAMERON said yes, and admitted there were no signs of

increasing to 2.4 Million on October 29, 1999. On 7/25/01, still on Bicillin, there is a note "slurred speech." The impression was Lyme. On 1/14/02 the note reads "last Bicillin was 12/01." The diagnosis is still Lyme Disease. on 3/17/03. MEYERS asked CAMERON to discuss the disability form which states "numbness of @ arm and hand on occasions" and including slurred speech." MEYERS asked what he attributed this to, and CAMERON stated "Lyme Disease is the only diagnosis." MEYERS stated these could be signs of multiple sclerosis. CAMERON admitted there were no physical examinations up to and including this date. MEYERS noted there were no notes written after 3/17/03 referring patient to a neurologist. MEYERS then stated [REDACTED] was on antibiotics for 3½ years, e.g. 38 consecutive months and asked why? CAMERON stated it was "clinically presumed she had Lyme. He "stopped them for "treatment failure." MEYERS asked if he considered any other diagnosis and CAMERON stated "no other diagnosis apparent. " MEYERS stated, and CAMERON agreed, there was no physical exam ever documented on this patient". MEYERS noted that in 2008 the diagnosis of multiple sclerosis was made based on spinal tap with **oligoclonal bands** and abnormal MRI.

Next discussed was CAMERON's care and treatment rendered to D [REDACTED] for the period July 1999 through 2001 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. D [REDACTED] first visit on 7/16/99 was discussed. MEYERS pointed out that there was no physical examination by CAMERON, or the PA. There was no differential diagnosis written by CAMERON. MEYERS noted Bicillin was begun, and the diagnosis was "Lyme." MEYERS asked if there were any positive Lyme tests and CAMERON said no. MEYERS then asked if CAMERON had any discussion with other physicians, or received notes from them and CAMERON said no. MEYERS pointed out that the physical examination on 10/7/99 was negative and that there were no signs of disease. CAMERON agreed and continued Bicillin weekly. MEYERS asked about a disability form that CAMERON filled out (last date 2/19/00) without a physical examination. MEYERS asked if he performed any tests based on function? CAMERON said no; use of the form was "based on what the patient tells you." MEYERS then pointed out that the patient was treated for two years with weekly Bicillin until July 2001. CAMERON then changed to Zithromax, and when MEYERS asked why, CAMERON stated the symptoms reversed and therefore he started Zithromax. On 3/13/03 D [REDACTED] was off antibiotics. MEYERS asked was there ever a positive Lyme test, and CAMERON said no. MEYERS pointed out a statement in October 1999 from a non physician (a neuro psychologist) who stated aggressive antibiotics should be continued as long as necessary. CAMERON suggested this was immaterial and not relevant and that non physicians should not recommend therapy.

Next discussed was CAMERON's care and treatment rendered to H [REDACTED] for the period October 1997 through 2004 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. H [REDACTED] was first seen on 10/10/97 for Lyme evaluation. MEYERS said that documented in the long note there are comments about neurological symptoms, joint pains, muscle aches. On physical neither a neurological or examination of the joints, muscles or extremities was done by the PA and that CAMERON did not do a physical examination. Among other things CAMERON recommended tests, including Lyme and Doxycycline. MEYERS asked if there were any signs of disease and CAMERON said no. On 11/4/97 a Lyme test was "sero negative" and prior test was negative. CAMERON stated that



H [REDACTED] received some antibiotics not for Lyme that could have diminished the immune response. On physical exam there were no signs of disease and the joints were not examined. The diagnosis was sero-negative Lyme Disease. The patient was treated with Doxycycline till October 1998. On October 1 the note reads "flare up" Lyme. CAMERON recommended a neurology consult for the neck pain. On 10/9/98 CAMERON began weekly Bicillin injections and Zithromax. On 12/04/98 a spinal tap was recommended; at that time no physical exam was done. No differential diagnosis was written. The treatment for Lyme diagnosis continued to 6/9/01. MEYERS stated there were 5 years of negative Lyme tests, no physical examinations of the joints or muscles skeletal system and you still treated; it was stated CAMERON treated for 3 years and 8 months. CAMERON stated she had flare ups, and clinical responses. MEYERS stated and CAMERON concurred that his treatment was for symptoms without signs of disease. MEYERS asked why he decided to stop therapy and he said "clinical judgement." MEYERS stated the neurological consult recommends spinal tap for MS or Lyme. CAMERON did not know if H [REDACTED] had spinal tap.

Next discussed was CAMERON's care and treatment rendered to W [REDACTED] in July 2008 for Lyme disease and complaints of neck pain. W [REDACTED] was seen on 07/08/08 with a clinical diagnosis of Lyme Disease, because there was a history of tick bite, rash, fever, and a positive Lyme test. MEYERS pointed out there was no physical examination by CAMERON. CAMERON noted that W [REDACTED] was on Doxycycline, Flagyl, and Bicillin; he wrote consider IV therapy, and added Zithromax. CAMERON stated, "the physical exam was normal." MEYERS noted that the chart only documented W [REDACTED] symptoms (on page 3 of this office visit). On 7/17/08 W [REDACTED] had an office visit and also had PICC line placed at the hospital. Again the note by CAMERON reveals W [REDACTED]'s symptoms but no physical examination was performed. W [REDACTED] was seen again on 7/28/08. She complained of very painful shoulder and neck, slight sore throat etc. CAMERON stated that he 'changed the dressing at the catheter site and there was no problem. MEYERS noted information was added on the side of page 7 and asked CAMERON if that was written at the same time he wrote the original note, and he said "yes, that he often wrote this way". On 07/31/08 W [REDACTED] returned with complaints of "left shoulder and neck pain, hurts to swallow. Another statement "extreme left should pain since PICC line put in," hard to swallow, neck left side swollen. On physical examination of "neck left side swollen and painful to touch." The plan was to remove the PICC line, and do a Doppler of left arm. This was done and WARMBRAND was admitted in the hospital with clots in the venous system on the left side and she was treated with anticoagulants. MEYERS asked if W [REDACTED] was told "this was a Herxheimer reaction" and CAMERON said "not by him". CAMERON said it may have been a visiting nurse told this to W [REDACTED]

At this point the interview was stopped with plans to reschedule to complete at a later date. The interview was resumed on 12/13/10 with CAMERON, WOOD, MEYERS and SULLIVAN in attendance at the OPMC office located at 90 Church Street, New York, NY.

The first case reviewed was that of CAMERON's care and treatment rendered to J [REDACTED] for the period August 2009 through September 2010 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. MEYERS began with the visit of 8/11/09.

previously treated. MEYERS asked if the patients had signs of disease, and CAMERON stated "no signs but symptoms." CAMERON quoted a study by Dr. KLEMPNER in patients sick for 4-7 years. MEYERS asked what was the evidence for Lyme Disease in the two studies; he answered "sero positive, and sero negative." CAMERON stated in the FALLON study in patients with symptoms and no signs; patient required 5 IgG bands out of 10." IV Rocephin was started on 3/1/10. Again on 3/27/10, MEYERS noted there was no neurological or musculo-skeletal exam in the presence of symptoms. MEYERS asked if JAGGER was seeing a neurologist and the answer was "I don't know." Zithromax was added and MEYERS asked why? CAMERON stated Lyme can occur with different strains with different antibiotic sensitivities. Another reason, CAMERON stated for the Zithromax was the presence of co infection. MEYERS asked if he did any tests? CAMERON said "only on the first visit" at which time they were negative the record showed. MEYERS noted the Rocephin was continued for up to six weeks. MEYERS asked what is the data that six weeks is better than four weeks? CAMERON stated "no comparative trials and I took evidence that is available from the prior trials mentioned." CAMERON extended the therapy to a total of eight weeks. MEYERS asked why again. CAMERON stated it was based on 4/13/10 office visit; he then read from the section "latest symptoms". There was no exam of the muscles, joints, or neuro exam in the face of symptoms in these areas. CAMERON wrote "consider Mepron." MEYERS asked why, and CAMERON said "night sweats a few times a week; "Mepron" was added for possible Babesia to explain the severity of his disease." MEYERS asked if he tested for Babesia, and if he was familiar with signs and symptoms of Babesia? CAMERON stated there was an "overlap" and "would not have fever like the first week of disease" "could have night sweats without fever" later in the disease without therapy. MEYERS asked if there were signs of disease and CAMERON said "no signs after first week." MEYERS asked CAMERON if he did any lab tests? CAMERON stated the parasite is not visible after the first week. MEYERS said if there was, it persists, did you measure the antibodies? CAMERON said "no, it may be sero negative if no immune response. MEYERS said if no therapy why would you not get an immune response? CAMERON said "we don't know enough about the immune response." MEYERS said could they have splenomegaly? CAMERON said "with viruses." MEYERS said "where does the Babesia live?" CAMERON said "I am not sure where it resides." MEYERS noted on 4/30/10 CAMERON ordered two more weeks of Rocephin. MEYERS asked why, CAMERON said there were "continuing improvements, and symptoms that had not resolved." MEYERS asked if there were any signs of disease and Dr. CAMERON "said no." MEYERS noted that J [REDACTED] at this time was now on three drugs e.g. Rocephin, Zithromax and Mepron and MEYERS asked why? CAMERON stated "same differential as noted before, and more virulent strains, with different antibiotic sensitivities, and co infection". CAMERON said that Zithromax was good for Babesia. It was noted that the Rocephin was continued for another 15 days (5/20/10) and "there was an increase in symptoms on Mepron." MEYERS said "but you continued the Mepron for another month; why not discontinue?" CAMERON said that this was based on "improvement in symptoms and remaining symptom and referred to J [REDACTED] 5/17/10 visit" CAMERON stated "could be a temporary flare-up of symptoms when starting a new therapy." MEYERS asked "what is the flare-up from" could it be Mepron? MEYERS continued "did you consider stopping Mepron and CAMERON "said no." MEYERS noted that on the 6/2/10 visit that the same three drugs were still being given. MEYERS asked again why? CAMERON stated for the three reasons stated above; MEYERS asked since one reason was co infection did you do any

tests? CAMERON said no. MEYERS asked if there was a neurological or musculo-skeletal exam noted. CAMERON stated "regularly do them but I am not good at documentation." MEYERS and SULLIVAN noted that he documented Lungs and Heart examination. He was asked if there were any Heart and Lung symptoms and CAMERON said no; but he was noted to not have documented the muscle, skeletal or neuro exam. The above sequence of questions and answers were given for the 6/15/10 - 7/15/10 visits though again there were symptoms of shoulder and hip pain. The three drugs were continued and CAMERON gave the same three reasons cited above. On the 7/15/10 visit CAMERON noted J [REDACTED] was more active and MEYERS asked "why not stop therapy. CAMERON stated he had not resolved his symptoms," though his mood was better from the Lexapro. The Rocephin, Zithromax and Mepron remained as therapy through 8/10/10. CAMERON stated he would consider Rifampin for Bartonella for remaining symptoms possibly related to Bartonella or other co infections." Again no examination as cited above. On 9/14/10 J [REDACTED] was put on Ceftin because it was a cephalosporin and he was done with the Rocephin. (cephalosporin). MEYERS asked what he was treating now. CAMERON said J [REDACTED] had mood issues but that his headaches were under control and he could take Advil for that. CAMERON stated "he would complete therapy for Lyme and co infection." MEYERS asked when he planned to stop and CAMERON said he would take away one antibiotic each month.

Next discussed was CAMERON's care and treatment rendered to K [REDACTED] for the period June 1999 through 2007 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. K [REDACTED] record was reviewed beginning with the visit of 07/26/99. The note read IV Rocephin for cellulitis started 06/25/99; there is a note Lyme WB and Elisa for Lyme ordered from Stoney Brook lab. (No record was found and CAMERON and WOOD were asked to try and retrieve results.) On 08/06/99 there is a note, Ceftin for Lyme disease, and it appears that Rocephin was started on 8/17/99 for phlebitis. The next day Zithromax was "added for Lyme as part of presentation." Meyers said why not Rocephin alone? CAMERON stated it "often works" but he was concerned with Lyme Disease so he added Zithromax. CAMERON stated "Ceftin and Rocephin are pretty close and most of the time Ceftin will do the trick;" Ceftin was good in the EM trials. Of note KROWE came daily for IV Rocephin given by "Butterfly." On 09/27/99 IV Rocephin was stopped.

On 01/14/02 phlebitis occurred again and IV Rocephin was started. On 01/16/02 a note written by CAMERON states Lyme, and he "discussed as a problem in the past." Further review of the record with CAMERON showed a note on 1/18/02, and CAMERON said that now Lyme as a contributing factor since surgeon had stated possibility. On 1/19/02 there is a note by CAMERON stating "Lyme mimicking cellulites." CAMERON said there was literature on "mimicry cellulitis." On 1/23/02, KROWE was given Augmentation.

On 06/03/05 K [REDACTED] was treated with Amoxicillin. There was a reference in the notes to "Lyme tests positive" in a phone call 6/16/05. Amoxicillin was continued. There is a note on 11/5/05 "IgM, by WB", also positive in June. CAMERON said "it was positive for five months and that it stays positive longer". MEYERS asked if this correlates with Lyme disease and CAMERON said it correlates with flare-ups. MEYERS asked if there was any evidence of a new tick bite, CAMERON said no, this was a flare-up of Lyme disease. MEYERS said why

would it flare-up? CAMERON stated Igm is a marker of severity of disease. MEYERS said IGM and he has no complaints, thus what is the flare -up? CAMERON said he was not treated and you have to pay attention to it." On 8/9/06 there is a note Augmentation for "Cellulitis/Lyme" with fever. On 12/28/00 "Cefitin started for cellulitis and Lyme tests done. In November 2006 at Stoney Brook Igm indeterminate and IgG indeterminate. On 12/28/07 with recurrence of fatigue, joint pain, stiff neck and memory issues. Lyme therapy with Amoxicillin 1000 mgm TID x 4 weeks was prescribed. CAMERON confirmed no physical exam was documented and there were no signs of disease.

On 4/15/08 the note reads "Lyme flare up". When asked what were K [REDACTED] symptoms CAMERON stated "tired, stiffness, and see progress note". K [REDACTED] was treated with Doxycycline. Again, CAMERON confirmed no physical exam was documented and KROWE had no signs of disease. On 05/18/08 KROWE was still on Doxycycline. MEYERS noted there are no documented visits May and July and asked if there are any notes, WOOD said he would send them to OPMC if they exist. CAMERON said that on 07/18/08 K [REDACTED] "went off medicines too early" and he was placed on Doxycycline, at a dose of 300 mgm a day. On 9/13/08 there is a PA note "hold Doxycycline for photo sensitivity issues as patient was traveling, CAMERON and MEYERS note KROWE symptoms were much better. CAMERON stated, "he must have had symptoms left since he was going to Africa."

There were no further questions and the interview was terminated. WOOD said that he would send to OPMC additional information requested during the interview, including a submission on behalf of CAMERON.

**Transcriber:** ps  
**Date:** 1/5/2010





STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303  
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Troy, New York 12180-2299

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

April 1, 2011

**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**  
**PERSONAL AND CONFIDENTIAL**

Daniel Cameron, MD  
657 Main Street  
Mount Kisco, NY 10549

Re: OPMC# CR-08-04-2288-A  
CR-08-08-5008-A  
CR-10-03-2010-A  
CR-10-08-5079-A

Dear Dr. Cameron:

Your attorney telephoned yesterday to discuss the revised report of interview mailed to you on March 28, 2011. During our discussion it was noted that another revision was needed. Enclosed is a copy of a revised report of interview.

Sincerely,

Patrick Sullivan  
Medical Conduct Investigator  
Office of Professional Medical Conduct

Enclosure

Cc: William L. Wood, Jr., Esq.

RECEIVED APR 04 2010

#6257B

**NEW YORK STATE DEPARTMENT OF HEALTH  
OFFICE OF PROFESSIONAL MEDICAL CONDUCT**

**REPORT OF INTERVIEW**

**SUBJECT:** DANIEL CAMERON, MD  
**FILE#:** CR-08-04-2288-A  
CR-08-08-5008-A  
CR-10-03-2010-A  
CR-10-08-5079-A  
**INTERVIEW OF:** DANIEL CAMERON, MD  
**DATE OF INTERVIEW:** SEPTEMBER 14, 2010 AND DECEMBER 13, 2010  
**BY:** MEDICAL COORDINATOR BURT MEYERS, MD  
NURSE INVESTIGATOR (NI) PATRICK SULLIVAN

DANIEL CAMERON, MD was interviewed in person at the Office of Professional Medical Conduct (OPMC) at 90 Church Street, New York, NY, on Tuesday, September 14, 2010 beginning at 09:40 AM and ending at 06:15PM, and on Monday, December 13, 2010 beginning at 11:10AM and ending at 3:40PM. On both dates Health Department staff members in attendance were BURT MEYERS, MD and PATRICK SULLIVAN, RN. CAMERON was accompanied by his attorney, WILLIAM WOOD, Jr., Esq.

The OPMC process was reviewed with CAMERON and he was informed that he could provide a written response to the allegations if he wished. CAMERON confirmed that he had received the informational brochure entitled "Information for Licensees" and said that he had no questions. CAMERON's education, training, experience, and professional data were reviewed.

CAMERON confirmed his date of birth-03/12/54, social security number-477-70-0496, and that he graduated in 1981 with his medical degree from the University of Minnesota Medical School. After graduating from medical school CAMERON completed an internship/residency in Internal Medicine at Beth Israel Medical Center, NY ending in 1985. CAMERON said he also completed one year residency in Preventative Medicine at Mount Sinai Medical Center. CAMERON is currently board certified in Internal Medicine, and is affiliated with Northern Westchester Hospital in Mount Kisco, NY and has an affiliation with non-admitting privileges at Burke Rehabilitation Center, White Plains, NY. CAMERON said his practice is located at 657 Main Street, Mount Kisco, NY, 10549, telephone number (914) 666-4665. CAMERON said employed at the practice are staff members that include a nurse practitioner, two physician assistants, a medical assistant, an office manager and two receptionists. CAMERON provided his home address as 11 Green Lane, Chappaqua, NY, 10514 and home telephone as (914) 238-0661. CAMERON stated that he is solo practice, seeing adolescent and adult patients. While he is a general internist, CAMERON reported that 50-60 percent of the patients are treated for Lyme disease.

CAMERON had with him for the interviews his office records for F [REDACTED] F [REDACTED]

M [REDACTED] V [REDACTED] S [REDACTED] B [REDACTED] A [REDACTED] R [REDACTED] D [REDACTED] G [REDACTED] C [REDACTED] D [REDACTED]  
I [REDACTED] H [REDACTED] E [REDACTED] W [REDACTED] R [REDACTED] J [REDACTED] and E [REDACTED] K [REDACTED]

Initially discussed was CAMERON's care and treatment rendered to F [REDACTED] for the period August 2006 through October 2006 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. MEYERS noted that on the first visit 8/11/06 a very long note was written by a PA (to be named). MEYERS asked what was the chief complaint and CAMERON said it was "not written because of multiple complaints." Though the Lyme test was negative the impression written was Lyme Disease. MEYERS noted that in the physical examination (PE) there was no pulse or temperature noted, and no examination of the abdomen by the PA. MEYERS asked if CAMERON examined the patient and he did not recall and agreed there was no documentation of a PE. MEYERS asked if he recalled if he discussed care with PA and he did not remember; also he admitted when asked that he did not discuss case with primary care physician (PCP). MEYERS asked "where is your diagnosis?" and CAMERON said it was not written. MEYERS asked if there was any differential diagnosis (DDX) and he stated the PA wrote "headache, migraines and Lyme." CAMERON stated he did not order any tests since the other MD had sent the records. MEYERS asked when he got the records including lab tests and he said he "did not know." MEYERS asked why continue therapy with a negative Lyme test and he responded "a prior physician thought it was Lyme and given clinical results it seemed reasonable to continue." MEYERS asked if F [REDACTED] had any signs of diseases and CAMERON said no. On the 9/12/06 visit MEYERS asked if he examined the patient? CAMERON stated "I typically do." MEYERS stated there was no note written. Was there any DDX? CAMERON said no. He claimed it was a "Focus visit." MEYERS asked again why did you continue Amoxicillin; he said F [REDACTED] had a response and had not resolved her illness." Again MEYERS asked were there any signs of disease and CAMERON said "no." MEYERS asked what would be the resolution of the illness? CAMERON wrote headaches infrequent, memory and concentration gain." MEYERS asked what was the word gains based on; MEYERS noted there were no tests of memory or concentration. CAMERON asked the patient "how is your memory, and concentration?" On the October 10th note by the PA he wrote "flare up x 2 weeks of Lyme Disease and continued Amoxicillin x 1 month". There was no physical examination documented by the PA or CAMERON at this time nor were any lab tests ordered. MEYERS noted the patient complained of "tingling" and CAMERON said this could emerge as an important symptom "not yet ready for neuro consult." MEYERS asked about the diarrhea and he stated F [REDACTED] was taking probiotics e.g. Acidophilus but this was not documented. MEYERS asked at this time were there any signs of disease or any differential diagnoses and CAMERON's answer was no to both. MEYERS asked why did "you continue therapy in the presence of multiple negative Lyme tests?" CAMERON stated that in his "actual practice" his patients were people who did not meet the CDC criteria, and were not included in clinical trials. MEYERS then asked "in a patient with negative Lyme tests and no signs of disease how did you know these patients had Lyme disease? He said "he made a clinical judgement". CAMERON admitted he "never saw a positive Lyme test, and never spoke to PCP who treated without a positive test." MEYERS remarked "did you feel she had Lyme disease at this time though you never did a test? MEYERS asked CAMERON to look at the lab tests and asked was anything abnormal? MEYERS asked about the ESR (sedimentation rate and noted it

was a - (normal). CAMERON stated "while it can occur in normal people it is common in Lyme disease."

Next discussed was CAMERON's care and treatment rendered to V [REDACTED] for the period February 2008 through March 2008 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. V [REDACTED] was first seen on 2/19/08. There is a note written by the PA. The vital signs did not record a temperature, nor did the physical examination have an abdominal exam and nothing was written about an examination of the joints. The PA did note the patient complained of pain in the back, waist, muscles, abdomen etc. The PA wrote positive diagnosis Lyme Disease three weeks ago. There is no note by CAMERON on that visit and therefore no physical examination documented. MEYERS asked CAMERON if he spoke to V [REDACTED] physician DILLARD ELMORE, MD who made a diagnosis of LYME Disease, and he said no. MEYERS asked was there a positive LYME test and CAMERON was not sure. MEYERS asked if CAMERON had a DDX - "none was written." MEYERS and CAMERON noted the ESR was high 50 and CAMERON stated "not typical Lyme." MEYERS asked "how did you arrive at a diagnosis of Lyme Disease? CAMERON stated there was a history of positive test stated by VELE and "could have been a clinical diagnosis." He noted that three weeks prior ELMORE "began therapy for LYME and also gave steroids." MEYERS asked why CAMERON continued Doxycycline for another month? "Lyme was considered as part of the clinical picture; MEYERS pointed out that this therapy would now equal a total of 7 weeks. MEYERS asked what this was based on? CAMERON stated that in his patients that don't meet the requirements for clinical trials, in clinical practice longer therapy has been effective." He admitted "these are not the CDC recommendations." The next visit was on 3/18/08 and the impression was "Lyme Disease" and Doxycycline was ordered for another 3-4 weeks (total 10-11 weeks of therapy). MEYERS asked if there were any other DDX and CAMERON stated the following, "Fibromyalgia. Chronic Fatigue, ALS, MS, Migraine, Sleep Apnea, vasculitis etc, MEYERS pointed out that none of this was written, and that CAMERON admitted he did not do a physical examination. When asked about the lab tests from ELMORE, he stated he did not know when he received them. MEYERS and CAMERON reviewed the tests for Lyme and CAMERON stated these "were not positive Lyme tests," and that is why he did not do the CDC recommendation of a Western Blot (WB) Test when the results were deemed equivocal. MEYERS noted that the record does not indicate if you saw "these test while caring for the patient." MEYERS noted the ESR was 131, but CAMERON stated the last one was 60 - and there might be other reasons for this elevation. MEYERS noted that CAMERON ordered IV Rocephin. MEYERS asked what is the evidence that this will be effective after 11 weeks of therapy with the antibiotics?" CAMERON said "to give it if clinical presentation persists. CAMERON stated that "chronic neurologic Lyme" discussed in a paper in the New England Journal of Medicine in 1990, had patients with the same clinical picture and that two weeks of IV antibiotic therapy was effective in 2/3 of patients treated," and the majority of these patients had been previously treated. These and other papers subsequently were requested by MEYERS. MEYERS noted that the CDC guidelines stated that more than one month of therapy has not proven to be effective. CAMERON stated "science was a dialogue and "what to do with complicated patients that don't meet the rigid guidelines". MEYERS asked if V [REDACTED] had any signs of Lyme Disease; CAMERON said none defined by the CDC criteria. MEYERS said what about any criteria for any disease; he suggested "chronic neurologic Lyme Disease." MEYERS asked what criteria from chronic neurologic Lyme



Disease did V [REDACTED] have? CAMERON responded 'fatigue, disturbed sleep, memory loss, sadness, crying, ears ringing, back pain, parenthesis, joint and muscle pain.'

Next discussed was CAMERON's care and treatment rendered to B [REDACTED] for the period June 1998 through 2006 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. B [REDACTED] first visit was on 6/8/98 for a Lyme evaluation. There is an extensive note by a PA who stated BANGS was Lyme "sero positive in 1997, with Bull's Eye Rash and reviewed therapy - including oral and IV Rocephin prior to this visit. B [REDACTED] was seen at Westchester County Medical Center where a diagnosis of fibromyalgia was made and there are notes of 12 weeks of IV Rocephin (in 2 courses, "after a severe relapse" which is not explained. There are no vital signs and the physical examination by the PA is only of the heart and lungs, and is very sparse. The impression by the PA is Lyme, sero + and headache etc. There is no physical examination by CAMERON, only a note discussing "consider Zithromax, - Bicillin and continue Ceftin (total 4 weeks)." CAMERON was asked if there was any DDX and he said none written, but offered again all the choices stated in the interview of VELE (See above). The next visit was on 6/29/98 and no PE by CAMERON; again diagnosis is sero + Lyme test and Ceftin was ordered for two more weeks. On 9/25/98 there was no physical by either the PA or CAMERON. It was noted there was no sero positive Lyme test found. CAMERON said that the sero positive may have been from prior PCP. MEYERS asked if he spoke to BANGS' PCP since there was no record, CAMERON did not respond. On 10/7/98, again no physical exam by PA or CAMERON. Lab tests were ordered including Lyme. Zithromax was ordered for Lyme Disease - MEYERS asked was this chronic Lyme Disease? CAMERON stated he did not use the word chronic, just Lyme disease. CAMERON agreed there was nothing for acute Lyme disease. MEYERS asked were there any signs of disease and CAMERON said none. Of note all the Lyme tests were negative. CAMERON said these Lyme tests may be sero negative due to prior therapy. MEYERS noted, and CAMERON agreed there were no calls to PCP regarding positive Lyme tests and that there were no positive Lyme tests in the record from the prior doctor. On 10/28 the impression again was Lyme, "frequent flare ups." Again there were no physical examinations by either the PA or CAMERON. Bicillin 1.2 million q weekly was ordered and MEYERS asked why? CAMERON stated BANGS failed first line therapy, e.g. oral and then IV and clinical judgment was for Bicillin. CAMERON stated there was data in the literature for IM Bicillin vs. placebo. MEYERS asked if in this study there were prior failures, of people not on IV? CAMERON stated the therapy with Bicillin for 6 months q weekly was in the literature for two cases. MEYERS asked again about any signs of disease in BANGS and he said none. From 11/04 to 6/2/09 there were weekly visits for the Bicillin IM shots. On all of these visits there were no physical examinations, and no signs of disease noted. BANGS was given Zoloft, and the dose was increased. On Sept 9/10/99 Bicillin was restarted at 1.2 million units and increased to 2.4 million q weekly. MEYERS asked why and CAMERON responded clinical judgement. MEYERS asked if there was an DDX and he said none written, but it was the same answer (see above VELE). MEYERS asked if CAMERON considered a psychiatric consult since BANGS was not responding to treatment. CAMERON said neuro psychiatric issues were common in "Lyme Disease." On October 7, 1999 CAMERON did not see patient. (No note was written). There was a physical exam by the PA who wrote for lab tests and ordered 2.4 million of Bicillin again q weekly. MEYERS asked why the double dose and CAMERON said he wanted higher tissue levels. MEYERS asked what did he want to get in the tissue and he said "some infection that had not resolved." MEYERS asked what data was there for this

statement e.g., were there biopsies, cultures, histological evidence, and were there any signs of disease to warrant therapy and now the higher dose? CAMERON stated there is literature in patients with no signs that have histological and culture evidence; there are strains of the organism that persisted. CAMERON said there was complexity in this delayed treatment, discussed in the literature. From 11/09 till 6/13/00 B [REDACTED] is given weekly shots of 2.4 million unit weekly for 1 year. On one of these visits there is a physical exam. On 6/13/00 BANGS was switched to oral Ceftin. MEYERS asked why, and CAMERON said this was a complex patient. MEYERS asked if CAMERON considered stopping antibiotics, and he said yes, but continued it anyway. MEYERS asked if there were signs of disease, and CAMERON said "no signs of disease." B [REDACTED] was on Ceftin to 6/9/00. On the 11/4/99 visit the patient said "feels like my brain is floating in poison." MEYERS asked about this comment and CAMERON said as a PCP he hears patients make odd statements. MEYERS suggested this sounded like a "psychotic type statement." On 9/8/00 a third sequence of Bicillin was begun; when asked why, CAMERON said "based on personal experience." On 9/24/01 BANGS had received three years of Bicillin weekly shots. CAMERON discussed the Klemptner study which he "said was not favorable." Years later BANGS was still on Bicillin and was given Ceftin because she went on vacation see note of 7/13/05. Again on 3/1/06 was started on Doxycycline for Lyme infection. MEYERS then stated the patient had five years of therapy with no confirmed Lyme tests.

Next discussed was CAMERON's care and treatment rendered to R [REDACTED] for the period January 1997 through February 2004 including but not limited to diagnosis of Lyme disease, differential diagnosis and treatment of Lyme disease and complaints of pain and prescribing practices. RASO's first visit was on 1/28/97 with a chief complaint of leg pain. When seen by CAMERON there is a 4 page note which mentions multiple symptoms, including joint pain, and numbness in the feet. MEYERS noted that the examination did not have either a neurological or muscular skeletal exam, noting that the joints were not examined. MEYERS asked why the narcotics and CAMERON said RASO was on these drugs for pain. CAMERON's diagnosis was sero negative Lyme disease (secondary to prior Bactrim therapy); a variety of lab test were ordered. On 2/24/97 RASO was on MS Contin and Ampicillin was ordered, and R [REDACTED] was given Paxil. Doxycycline was ordered. On April 10th, Rocephin IV was ordered. On 5/15/97 a Lyme PCR was ordered, but the results were not found. On 5/23/97, it was noted RASO was on Xanax, Paxil, and the narcotics. At this time MEYERS noted R [REDACTED] was on double therapy with Doxycycline and Rocephin, CAMERON said "he was uncomfortable with both". MEYERS asked why did you do it, and he responded "I don't know? In June 1997, R [REDACTED] was still on the combination of antibiotics. On July 7, Bicillin was begun. On 7/23/97, RASO was on Morphine, Percocet, Compazine, and Paxil. CAMERON noted R [REDACTED]'s symptoms the last two weeks were much worse "with joint pain in ankles, knees, hips, and muscle pains severe." There was no physical examination. Doxycycline was discontinued and IV Rocephin 2 grams was continued. On 8/8/97 CAMERON noted improvement, and decided to start IM Bicillin. MEYERS asked why and CAMERON stated that R [REDACTED] had reached therapeutic goals like "better' nervous system, joint pain improved, "but fatigue and joint pain persisted." In October 97 it was noted that R [REDACTED] was going to pain management clinic. In November 1997 Zithromax was added to the Bicillin. MEYERS asked if there was data for two drug therapy and if two drugs were better than one and CAMERON said the "work of Dr. SAM DONTA." On 3/20/98 double therapy with weekly Bicillin and Zithromax for Lyme was ongoing. CAMERON wrote the Percocet dose though RASO was under the care of the pain management team. On 8/14/98 the note reads "Lyme

remains severe, quite sick" and double therapy was continued. MEYERS asked if this severe illness was only by symptoms and CAMERON said yes, and admitted there were no signs of disease. Rocephin continued till 6/24/99 then Bicillin given; again no physical examination at the time. In April, 1999 R [REDACTED] was admitted for detoxification still on Bicillin. In the 8/5/99 note it states Zithromax and Bicillin ordered through March." On 3/25/00 the double therapy will end and Zithromax continued. On 6/23/00 Zithromax continued since R [REDACTED] on vacation 8/15/00 Bicillin ordered again; no physical examination performed. In the 05/24/01 note, it states "off antibiotics for one month." On 11/15/01 IM Bicillin begun again no physical examination performed. Bicillin is continued through Feb/March 03. In April 03 - the note states impression "Lyme Disease." On multiple dates beginning on 12/26/03. On 02/06/04 CAMERON mailed narcotics prescriptions to R [REDACTED] in Florida; he stated RASO had difficulty finding doctors, and he knew the patient and he was skilled in narcotic usage. MEYERS noted these prescriptions were based on phone calls and that CAMERON did not examine RASO. CAMERON admitted he had last seen R [REDACTED] 11/03. RASO was seen on 4/22/04 in the clinic. MEYERS then noted that on 5/26/04 the patient was "white water rafting in Colorado"; Dr. CAMERON mailed prescriptions for Neurontin, Klonopin, and MS Contin on 5/26/04, 6/7/04, and 6/24/04 respectfully. MEYERS asked why and noted there was no discussion of RASO's symptoms. RASO was seen on 9/27/04. CAMERON mailed by Fed Ex on 10/12/04 MS Contin for 25 days; the dose was 200 BID. MEYERS pointed out that on 10/25/04 CAMERON mailed again MS Contin 200 BID for 3 weeks dosage. CAMERON said "Ms R [REDACTED] now in Palm Beach could not find a physician to take care of her." CAMERON stated there was an "agreement to taper in three weeks." On 10/28/04 MS Contin was mailed again. CAMERON agreed that he was managing her pain care with rare visits by her. CAMERON stated he was dropping the MS Contin dosage by mail and on 2/18/05 the note was "off MS Contin."

Next discussed was CAMERON's care and treatment rendered to G [REDACTED] for the period October 1998 through March 2008 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. G [REDACTED] was seen on 10/15/98 for Lyme evaluation. There was no neuro or muscular skeletal examination by the PA and no physical examination by CAMERON. There is a note of borderline Lyme test that was from Stony Brook. Multiple tests were ordered. G [REDACTED] was on Ceftin and this was continued. CAMERON saw the patient on 11/13/98; he did not examine the patient but he wrote an impression "Lyme, Neurological hematologic. CAMERON agreed there were no signs of disease and he based his diagnosis on "clinical evidence. CAMERON continued the Ceftin. On 12/14/98 CAMERON arranged for GRACE to see a neurologist and hematologist. A spinal tap was discussed on two occasions but CAMERON had no recollection G [REDACTED] answer. On 1/2/99 CAMERON stated that because of demyelination "he discussed spinal tap but left decision to the neurologist to decide." On 3/1/99 CAMERON began weekly Bicillin injections and discontinued Ceftin. On 4/2/99 GRACE complained of diarrhea and he did a C. difficile workup, since he considered antibiotics as a possible cause. On 6/14/99 still with diarrhea on IM Bicillin- but after G [REDACTED] had a SPEC scan he ordered 2.4 Bicillin Q weekly. On July 6th - diarrhea still persisted. On 7/15/89 the note reads abnormal SPEC scan. MEYERS asked what was done about it; CAMERON said he continued therapy. On July 19, and 20, 1999 G [REDACTED] still with cramping and diarrhea but Bicillin was continued. On 7/30/99 "diarrhea increased;" G [REDACTED] given an IV and Rocephin is started. On 8/9/99 still no physical examination, but nausea and diarrhea persists. Still on IV Rocephin (note on 10/5/99 states for 9 weeks) but having neurologic and rheumatologic symptoms. On October



19, 1999 "diarrhea 4-5 x day" Rocephin is continued to 10/27/99 and IM Bicillin is begun, increasing to 2.4 Million on October 29, 1999. On 7/25/01, still on Bicillin, there is a note "slurred speech." The impression was Lyme. On 1/14/02 the note reads "last Bicillin was 12/01." The diagnosis is still Lyme Disease. on 3/17/03. MEYERS asked CAMERON to discuss the disability form which states "numbness of @ arm and hand on occasions" and including slurred speech." MEYERS asked what he attributed this to, and CAMERON stated "Lyme Disease is the only diagnosis." MEYERS stated these could be signs of multiple sclerosis. CAMERON admitted there were no physical examinations up to and including this date. MEYERS noted there were no notes written after 3/17/03 referring patient to a neurologist. MEYERS then stated G [REDACTED] was on antibiotics for 3½ years, e.g. 38 consecutive months and asked why? CAMERON stated it was "clinically presumed she had Lyme. He "stopped them for "treatment failure." MEYERS asked if he considered any other diagnosis and CAMERON stated "no other diagnosis apparent." MEYERS stated, and CAMERON agreed, there was no physical exam ever documented on this patient". MEYERS noted that in 2008 the diagnosis of multiple sclerosis was made based on spinal tap with oligoclonal bands and abnormal MRI.

Next discussed was CAMERON's care and treatment rendered to D [REDACTED] for the period July 1999 through 2001 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. D [REDACTED]'s first visit on 7/16/99 was discussed. MEYERS pointed out that there was no physical examination by CAMERON, or the PA. There was no differential diagnosis written by CAMERON. MEYERS noted Bicillin was begun, and the diagnosis was "Lyme." MEYERS asked if there were any positive Lyme tests and CAMERON said no. MEYERS then asked if CAMERON had any discussion with other physicians, or received notes from them and CAMERON said no. MEYERS pointed out that the physical examination on 10/7/99 was negative and that there were no signs of disease. CAMERON agreed and continued Bicillin weekly. MEYERS asked about a disability form that CAMERON filled out (last date 2/19/00) without a physical examination. MEYERS asked if he performed any tests based on function? CAMERON said no; use of the form was "based on what the patient tells you." MEYERS then pointed out that the patient was treated for two years with weekly Bicillin until July 2001. CAMERON then changed to Zithromax, and when MEYERS asked why, CAMERON stated the symptoms reversed and therefore he started Zithromax. On 3/13/03 D [REDACTED] was off antibiotics. MEYERS asked was there ever a positive Lyme test, and CAMERON said no. MEYERS pointed out a statement in October 1999 from a non physician (a neuro psychologist) who stated aggressive antibiotics should be continued as long as necessary. CAMERON suggested this was immaterial and not relevant and that non physicians should not recommend therapy.

Next discussed was CAMERON's care and treatment rendered to HAMMER for the period October 1997 through 2004 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. H [REDACTED] was first seen on 10/10/97 for Lyme evaluation. MEYERS said that documented in the long note there are comments about neurological symptoms, joint pains, muscle aches. On physical neither a neurological or examination of the joints, muscles or extremities was done by the PA and that CAMERON did not do a physical examination. Among other things CAMERON recommended tests, including Lyme and Doxycycline. MEYERS asked if there were any signs of disease and CAMERON said no. On 11/4/97 a Lyme test was "sero negative" and prior test was negative. CAMERON stated that



H [REDACTED] received some antibiotics not for Lyme that could have diminished the immune response. On physical exam there were no signs of disease and the joints were not examined. The diagnosis was sero- negative Lyme Disease. The patient was treated with Doxycycline till October 1998. On October 1 the note reads "flare up" Lyme. CAMERON recommended a neurology consult for the neck pain. On 10/9/98 CAMERON began weekly Bicillin injections and Zithromax. On 12/04/98 a spinal tap was recommended; at that time no physical exam was done. No differential diagnosis was written. The treatment for Lyme diagnosis continued to 6/9/01. MEYERS stated there were 5 years of negative Lyme tests, no physical examinations of the joints or muscles skeletal system and you still treated; it was stated CAMERON treated for 3 years and 8 months. CAMERON stated she had flare ups, and clinical responses. MEYERS stated and CAMERON concurred that his treatment was for symptoms without signs of disease. MEYERS asked why he decided to stop therapy and he said "clinical judgement." MEYERS stated the neurological consult recommends spinal tap for MS or Lyme. CAMERON did not know if HAMMER had spinal tap.

Next discussed was CAMERON's care and treatment rendered to W [REDACTED] in July 2008 for Lyme disease and complaints of neck pain. W [REDACTED] was seen on 07/08/08 with a clinical diagnosis of Lyme Disease, because there was a history of tick bite, rash, fever, and a positive Lyme test. MEYERS pointed out there was no physical examination by CAMERON. CAMERON noted that W [REDACTED] was on Doxycycline, Flagyl, and Bicillin; he wrote consider IV therapy, and added Zithromax. CAMERON stated, "the physical exam was normal." MEYERS noted that the chart only documented [REDACTED] symptoms (on page 3 of this office visit). On 7/17/08 W [REDACTED] had an office visit and also had PICC line placed at the hospital. Again the note by CAMERON reveals W [REDACTED] symptoms but no physical examination was performed. W [REDACTED] was seen again on 7/28/08. She complained of very painful shoulder and neck, slight sore throat etc. CAMERON stated that he 'changed the dressing at the catheter site and there was no problem. MEYERS noted information was added on the side of page 7 and asked CAMERON if that was written at the same time he wrote the original note, and he said "yes, that he often wrote this way". On 07/31/08 W [REDACTED] returned with complaints of "left shoulder and neck pain, hurts to swallow. Another statement "extreme left should pain since PICC line put in," hard to swallow, neck left side swollen. On physical examination of "neck left side swollen and painful to touch." The plan was to remove the PICC line, and do a Doppler of left arm. This was done and W [REDACTED] was admitted in the hospital with clots in the venous system on the left side and she was treated with anticoagulants. MEYERS asked if W [REDACTED] was told "this was a Herksheimer reaction" and CAMERON said "not by him". CAMERON said it may have been a visiting nurse told this to W [REDACTED]

At this point the interview was stopped with plans to reschedule to complete at a later date. The interview was resumed on 12/13/10 with CAMERON, WOOD, MEYERS and SULLIVAN in attendance at the OPMC office located at 90 Church Street, New York, NY.

The first case reviewed was that of CAMERON's care and treatment rendered to J [REDACTED] for the period August 2009 through September 2010 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment.. EYERS began with the visit of 8/11/09, and MEYERS asked what were the diagnoses? CAMERON stated "Headache, fatigue, poor

concentration" and Lyme was part of the differential. MEYERS asked why he prescribed Amoxicillin and CAMERON stated he gave Amoxicillin because J [REDACTED] "was allergic to Minocycline." CAMERON confirmed he was treating Lyme Disease. MEYERS asked who did the history and physical and CAMERON stated that he and the PA (DIANE W). MEYERS asked if "thrush" was an allergic reaction to Minocycline and CAMERON stated that he put adverse events in the allergy section. MEYERS and CAMERON reviewed some initial laboratory tests and of note CAMERON stated the "ESR was 1, the Lyme was non reactive (Elisa) and the Igm had 1 band positive (indeterminate) and is not a positive test. On 8/16/09 there is a note of phone call to PA stating J [REDACTED] had hematuria for one day. The PA reduced the "Amoxicillin to TID." MEYERS asked "what was the reason for Amoxicillin, e.g. what were you treating? CAMERON said "Lyme Disease was being treated, with a dose of 1 gm TID. MEYERS asked about JAGGER's visit of 9/26/09, in which he pointed out there were complaints relating to musculo-skeletal (e.g. back pain) system, and neurological symptoms e.g. tingling and numbness. MEYERS asked if these symptoms were examined and CAMERON said none were written. CAMERON said he had modest gains with Amoxicillin and so he ordered four more weeks of therapy (180 pills). CAMERON stated "Lyme Disease was in the differential and that's what we were treating." "Headache, fatigue, poor concentration" were in the differential, and the "neurologist was treating headache." MEYERS asked if on 11/06/09 there was a neurological or musculo-skeletal exam and CAMERON said no; he added the neurologist was treating the headaches. On 11/6/09 he ordered another four weeks of Amoxicillin and added Zithromax to be taken for one month. MEYERS asked why if he was treating for Lyme Disease? CAMERON stated "there are other infections like Erlichia, Anaplasma, Babesia, and Bartonella." CAMERON added "Lyme Disease often responds better to different antibiotics. MEYERS asked if CAMERON did any tests for these other infections? CAMERON replied that these tests were done once, and "there were problems with false negatives." CAMERON stated "regarding Babesia and Erlichia these are described on smear and positive only for a week." MEYERS asked if on 12/03/09 there was a neurological or musculo-skeletal exam and CAMERON stated, "no record of it." CAMERON said Amoxicillin was decreased and Doxycycline 300 mgm a day (90 pills) were given for one month. The plan was to start IV Rocephin. MEYERS noted the diagnoses were Fatigue, poor concentration and headaches which were the same for the last four months. MEYERS asked CAMERON to discuss a letter requesting IV Rocephin dated 01/19/10 stating there were "gains with Doxycycline, Amoxicillin, and Zithromax". MEYERS asked what gains? CAMERON responded "regarding fatigue, headache and resolved tingling." CAMERON in the letter stated that IV Rocephin "a medical necessity to resolve remaining symptoms and prevent severe manifestation of Lyme disease described in the NIH trials?" MEYERS asked what signs of disease JAGGER had, and CAMERON said "he had "several symptoms". "He had encephalopathy." SULLIVAN asked if JAGGER had encephalopathy and CAMERON said "he has it." MEYERS asked if the neurologist said he had encephalopathy and CAMERON said "no." MEYERS asked if there was any data that IV Rocephin can prevent severe manifestations of Lyme disease described in the NIH trials? CAMERON stated with a response "there are numerous recommendations to treat Lyme disease". MEYERS asked "haven't you been treating for four weeks; isn't that promptly?" CAMERON stated there were studies by Dr. B. FALLON in the journal Neurology (2008/9) in patients who were sick for up to nine years, and had been previously treated. MEYERS asked if the patients had signs of disease, and CAMERON stated "no signs but symptoms." CAMERON quoted a study by Dr. KLEMPNER in patients sick for

4-7 years. MEYERS asked what was the evidence for Lyme Disease in the two studies; he answered "sero positive, and sero negative." CAMERON stated in the FALLON study in patients with symptoms and no signs; patient required 5 IgG bands out of 10." IV Rocephin was started on 3/1/10. Again on 3/27/10, MEYERS noted there was no neurological or musculo-skeletal exam in the presence of symptoms. MEYERS asked if JAGGER was seeing a neurologist and the answer was "I don't know." Zithromax was added and MEYERS asked why? CAMERON stated Lyme can occur with different strains with different antibiotic sensitivities. Another reason, CAMERON stated for the Zithromax was the presence of co infection. MEYERS asked if he did any tests? CAMERON said "only on the first visit" at which time they were negative the record showed. MEYERS noted the Rocephin was continued for up to six weeks. MEYERS asked what is the data that six weeks is better than four weeks? CAMERON stated "no comparative trials and I took evidence that is available from the prior trials mentioned." CAMERON extended the therapy to a total of eight weeks. MEYERS asked why again. CAMERON stated it was based on 4/13/10 office visit; he then read from the section "latest symptoms". There was no exam of the muscles, joints, or neuro exam in the face of symptoms in these areas. CAMERON wrote "consider Mepron." MEYERS asked why, and CAMERON said "night sweats a few times a week; "Mepron" was added for possible Babesia to explain the severity of his disease." MEYERS asked if he tested for Babesia, and if he was familiar with signs and symptoms of Babesia? CAMERON stated there was an "overlap" and "would not have fever like the first week of disease" "could have night sweats without fever" later in the disease without therapy. MEYERS asked if there were signs of disease and CAMERON said "no signs after first week." MEYERS asked CAMERON if he did any lab tests? CAMERON stated the parasite is not visible after the first week. MEYERS said if there was, it persists, did you measure the antibodies? CAMERON said "no, it may be sero negative if no immune response. MEYERS said if no therapy why would you not get an immune response? CAMERON said "we don't know enough about the immune response." MEYERS said could they have splenomegaly? CAMERON said "with viruses." MEYERS said "where does the Babesia live?" CAMERON said "I am not sure where it resides." MEYERS noted on 4/30/10 CAMERON ordered two more weeks of Rocephin. MEYERS asked why, CAMERON said there were "continuing improvements, and symptoms that had not resolved." MEYERS asked if there were any signs of disease and Dr. CAMERON "said no." MEYERS noted that JAGGER at this time was now on three drugs e.g. Rocephin, Zithromax and Mepron and MEYERS asked why? CAMERON stated "same differential as noted before, and more virulent strains, with different antibiotic sensitivities, and co infection". CAMERON said that Zithromax was good for Babesia. It was noted that the Rocephin was continued for another 15 days (5/20/10) and "there was an increase in symptoms on Mepron." MEYERS said "but you continued the Mepron for another month; why not discontinue?" CAMERON said that this was based on "improvement in symptoms and remaining symptom and referred to J [REDACTED] 5/17/10 visit" CAMERON stated "could be a temporary flare-up of symptoms when starting a new therapy." MEYERS asked "what is the flare -up from" could it be Mepron? MEYERS continued "did you consider stopping Mepron and CAMERON "said no." MEYERS noted that on the 6/2/10 visit that the same three drugs were still being given. MEYERS asked again why? CAMERON stated for the three reasons stated above; MEYERS asked since one reason was co infection did you do any tests? CAMERON said no. MEYERS asked if there was a neurological or musculo-skeletal exam noted. CAMERON stated "regularly do them but I am not good at documentation." MEYERS and SULLIVAN noted that he documented Lungs and Heart examination. He was



asked if there were any Heart and Lung symptoms and CAMERON said no; but he was noted to not have documented the muscle, skeletal or neuro exam. The above sequence of questions and answers were given for the 6/15/10 - 7/15/10 visits though again there were symptoms of shoulder and hip pain. The three drugs were continued and CAMERON gave the same three reasons cited above. On the 7/15/10 visit CAMERON noted J [REDACTED] was more active and MEYERS asked "why not stop therapy. CAMERON stated he had not resolved his symptoms," though his mood was better from the Lexapro. The Rocephin, Zithromax and Mepron remained as therapy through 8/10/10. CAMERON stated he would consider Rifampin for Bartonella for remaining symptoms possibly related to Bartonella or other co infections." Again no examination as cited above. On 9/14/10 JAGGER was put on Ceftin because it was a cephalosporin and he was done with the Rocephin, (cephalosporin). MEYERS asked what he was treating now. CAMERON said J [REDACTED] had mood issues but that his headaches were under control and he could take Advil for that." CAMERON stated "he would complete therapy for Lyme and co infection." MEYERS asked when he planned to stop and CAMERON said he would take away one antibiotic each month.

Next discussed was CAMERON's care and treatment rendered to K [REDACTED] for the period June 1999 through 2007 including but not limited to the diagnosis of Lyme disease, differential diagnosis and treatment. K [REDACTED] record was reviewed beginning with the visit of 07/26/99. The note read IV Rocephin for cellulitis started 06/25/99; there is a note Lyme WB and Elisa for Lyme ordered from Stoney Brook lab. (No record was found and CAMERON and WOOD were asked to try and retrieve results.) On 08/06/99 there is a note, Ceftin for Lyme disease, and it appears that Rocephin was started on 8/17/99 for phlebitis. The next day Zithromax was "added for Lyme as part of presentation." Meyers said why not Rocephin alone? CAMERON stated it "often works" but he was concerned with Lyme Disease so he added Zithromax. CAMERON stated "Ceftin and Rocephin are pretty close and most of the time Ceftin will do the trick;" Ceftin was good in the EM trials. Of note K [REDACTED] came daily for IV Rocephin given by "Butterfly." On 09/27/99 IV Rocephin was stopped.

On 01/14/02 phlebitis occurred again and IV Rocephin was started. On 01/16/02 a note written by CAMERON states Lyme, and he "discussed as a problem in the past." Further review of the record with CAMERON showed a note on 1/18/02, and CAMERON said that now Lyme as a contributing factor since surgeon had stated possibility. On 1/19/02 there is a note by CAMERON stating "Lyme mimicking cellulites." CAMERON said there was literature on "mimicry cellulitis." On 1/23/02, KROWE was given Augmentin.

On 06/03/05 K [REDACTED] was treated with Amoxicillin. There was a reference in the notes to "Lyme tests positive" in a phone call 6/16/05. Amoxicillin was continued. There is a note on 11/5/05 "Igm, by WB", also positive in June. CAMERON said "it was positive for five months and that it stays positive longer". MEYERS asked if this correlates with Lyme disease and CAMERON said it correlates with flare-ups. MEYERS asked if there was any evidence of a new tick bite, CAMERON said no, this was a flare-up of Lyme disease. MEYERS said why would it flare-up? CAMERON stated Igm is a marker of severity of disease. MEYERS said IGM and he has no complaints, thus what is the flare-up? CAMERON said he was not treated and you have to pay attention to it." On 8/9/06 there is a note Augmentin for "Cellulitis/Lyme" with fever. On 12/28/00 "Ceftin started for cellulitis and Lyme tests done. In November 2006 at



Stoney Brook Igm indeterminate and IgG indeterminate. On 12/28/07 with recurrence of fatigue, joint pain, stiff neck and memory issues. Lyme therapy with Amoxicillin 1000 mgm TID x 4 weeks was prescribed. CAMERON confirmed no physical exam was documented and there were no signs of disease.

On 4/15/08 the note reads "Lyme flare up". When asked what were K [REDACTED] symptoms CAMERON stated "tired, stiffness, and see progress note". K [REDACTED] was treated with Doxycycline. Again, CAMERON confirmed no physical exam was documented and K [REDACTED] had no signs of disease. On 05/18/08 K [REDACTED] was still on Doxycycline. MEYERS noted there are no documented visits May and July and asked if there are any notes, WOOD said he would send them to OPMC if they exist. CAMERON said that on 07/18/08 K [REDACTED] "went off medicines too early" and he was placed on Doxycycline, at a dose of 300 mgm a day. On 9/13/08 there is a PA note "hold Doxycycline for photo sensitivity issues as patient was traveling, CAMERON and MEYERS note K [REDACTED] symptoms were much better. CAMERON stated, "he must have had symptoms left since he was going to Africa."

There were no further questions and the interview was terminated. WOOD said that he would send to OPMC additional information requested during the interview, including a submission on behalf of CAMERON.

**Transcriber:**

ps

**Date:**

3/31/2011